

Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Christine Van Vleck

DATE: June 18, 2004

RE: Co-occurring (MH/SA) disorders Among CRT Clients

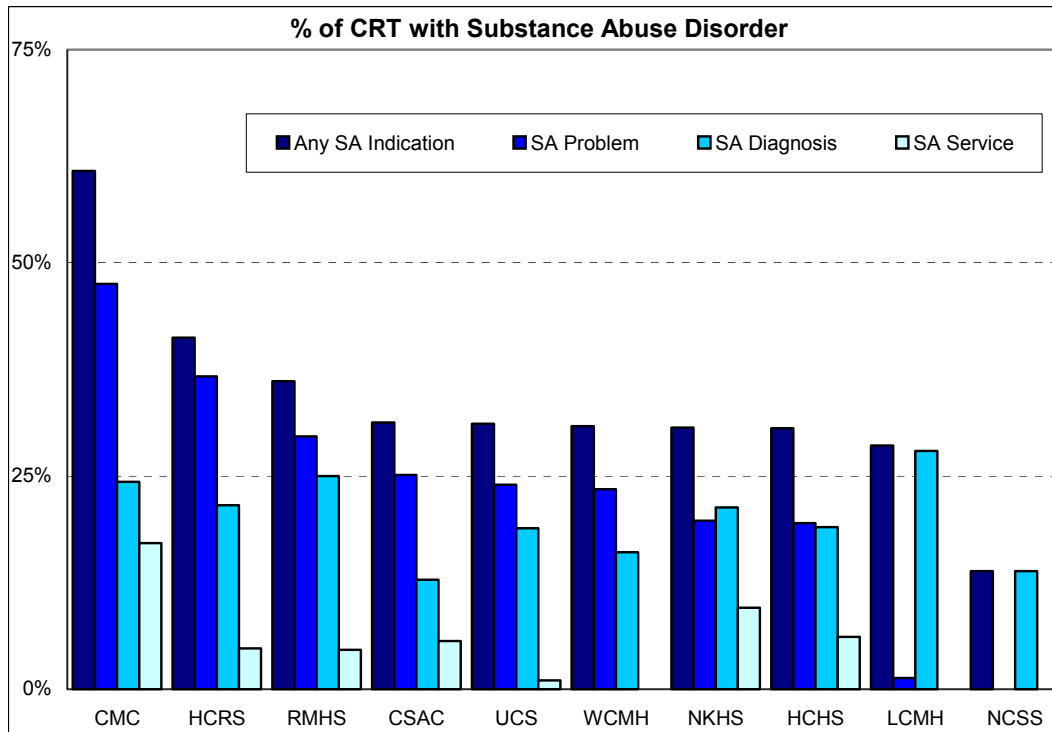
This week's PIP examines the rate at which adults served by Community Rehabilitation and Treatment (CRT) programs for adults with severe and persistent mental illness during CY2003 had been identified as having a co-occurring substance abuse disorder in the MSR data sets submitted to DDMHS by local service providers. The indicators of substance abuse disorders used in this analysis included an intake problem assessment that indicated an alcohol or drug abuse problem, a diagnosis of substance abuse (303.9-305.9), and having received service(s) from a substance abuse program in the reporting CMHC. This analysis was conducted in conjunction with the preparation of Vermont's federal COSIG grant proposal.

As you will see, one-third of all CRT clients, statewide, had at least one of these indications of a co-occurring substance abuse disorder. The identification rate, however, varied from more than 60% at the Clara Martin Center in Orange County to less than 15% at North Country Counseling in St Albans. Problem assessments indicated a co-occurring disorder for 23% of all CRT clients and diagnosis indicated a co-occurring disorder for 20%. Very few CRT clients (5%), however, had received a service from the agency's substance abuse program during FY2003. Again, there were substantial differences among providers in the rate at which the different indicators appeared in the data reported to DDMHS.

These differences among CRT programs in reported prevalence of co-occurring substance abuse disorders could be interpreted in at least three ways. First, they could be interpreted as an indication of differing levels of access to care for adults with both a serious mental illness and a substance abuse disorder. Second, these differences could be interpreted as an indication of differing ability of clinical staff at the local CRT programs to effectively screen for substance abuse disorders. Third, these differences could be interpreted as an indication of differing record keeping and reporting practices at the various CRT programs.

We will appreciate your interpretations of these findings and your suggestions for further analysis of these data (or other relevant data) to pip@ddmhs.state.vt.us.

Community Rehabilitation and Treatment Clients with Co-Occurring Substance Abuse Disorders Vermont CY 2003



Total By Clinic:	Community Rehabilitation and Treatment Clients Served				
	Number	Percent with a Substance Abuse Indication			
		Any Indication	Problem	Diagnosis	Service
		3,346	33%	23%	20%
CMC	181	61%	48%	24%	17%
HCRS	417	41%	37%	22%	5%
RMHS	324	36%	30%	25%	5%
CSAC	195	31%	25%	13%	6%
UCS	196	31%	24%	19%	1%
WCMH	486	31%	23%	16%	0%
NKHS	450	31%	20%	21%	10%
HCHS	683	31%	19%	19%	6%
LCMH	154	29%	1%	28%	0%
NCSS	260	14%	0%	14%	0%

Data used in this analysis were extracted from Monthly Service Report (MSR) files submitted to DDMHS by designated community mental health service providers. CRT (Community Rehabilitation and Treatment) clients counts include all individuals who were assigned during calendar year 2003 to a Community Rehabilitation and Treatment Program.

Any substance abuse indication is defined as client with an indication of an alcohol and/or drug abuse problem, a substance abuse diagnosis, and/or receiving substance abuse services. A substance abuse problem includes all clients with an alcohol and/or drug abuse problem according to the problem checklist done at time of intake. A substance abuse diagnosis includes all clients with a diagnosis greater than or equal to 303.90 and less than 306.00. Substance abuse services include all clients who received at least one service from a substance abuse program.